

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588283.

FILING DATE

25 FEB 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1					51					
2		1		1			52						
3	1		1	1			53						
4		1		1			54						
5		4		4			55						
6	1		1				56						
7		1		1			57						
8		2		2			58						
9	2		2	2			59						
10	2		2	2			60						
11	2		2	2			61						
12	1						62						
13		1					63						
14		2					64						
15	2						65						
16	0						66						
17	1						67						
18		1					68						
19		2					69						
20		2					70						
21							71						
22							72						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	20	←	19	←		↓		↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	25	3	22				TOTAL DEP.		←	←	←	←	←
							TOTAL CLAIMS						